

## OUTSIDE EMPLOYMENT QUESTIONNAIRE

To be completed by all employees who report anything other than "None" on Line 3 of the "Disclosure Statement" card (AUD 263).

Please complete one form for each Outside Employer. Please print all information and answer each question. Please do not use "N/A".

Today's Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Classification Number and Name \_\_\_\_\_

Division or Region and Program Where Employed \_\_\_\_\_

Brief Description of your County Duties \_\_\_\_\_

Do your County duties involve working with contractors?    Yes    No

If yes, which contractors and in what capacity? \_\_\_\_\_

Name of Outside Employer:

Your Relationship with This Outside Employer (circle one):

Employee    Independent Contractor    Subcontractor    Consultant    Self-employed    Other (please specify) \_\_\_\_\_

Duties of Your Outside Employment with This Employer:

This Outside Employer is a HHSA or County contractor (circle one):    Yes    No    Don't Know

If yes, are your outside duties for this contractor part of the contract Statement of Work the employer has with the County? (circle one):

Yes                      No                      Don't Know

If self-employed, list all entities with whom you have contracts or other employment agreements:

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Signature \_\_\_\_\_

**FOR SUPERVISOR/MANAGER USE ONLY**

I have reviewed and discussed the Disclosure Card and Outside Employment Questionnaire (if applicable) with the employee    Yes    No

Disclosure Card submitted and complete?    Yes    No

Outside Employment Questionnaire submitted and complete?    Yes    No

Employee works with contractors as part of their normal County duties?    Yes    No

Outside Employer is an HHSA or County Contractor?    Yes    No

Employees outside duties are similar to their County duties?    Yes    No

These exact same outside duties were disclosed in a previous year, it was determined by the Appointing Authority to not be a conflict, and the employees County work duties have not changed?    Yes    No

Supervisor/Manager signature \_\_\_\_\_

Date \_\_\_\_\_

**APPOINTING AUTHORITY USE ONLY**

\_\_\_\_ Reviewed, Recommend Approval

\_\_\_\_ Reviewed, Recommend Denial

Reason \_\_\_\_\_

Signature and Date \_\_\_\_\_